

## EXHIBIT 10-B.2

### 2012 HOME Program Annual Certification for Homebuyer Assistance

Name of Grantee: \_\_\_\_\_

Period Covered by Report: \_\_\_\_\_ Last Certification Date: \_\_\_\_\_

☐ Check here if **ALL** HOME-assisted homebuyers for this grant are out of the period affordability and proceed to last page of form ([certification page](#))

<b>** Copy this form if more space is needed</b> <b>*** Include any properties assisted with any previously generated HOME program income and/or recaptured funds</b>  <b>A</b>	Is the home the principal residence of assisted owner? <sup>1</sup> <b>(Yes or No)</b> If <b>NO</b> , complete <b>Column C</b> <b>B</b>	Did the HOME-assisted owner sell? <sup>1</sup> <b>(Yes or No)</b> If <b>YES</b> , complete <b>Part II</b> If <b>NO</b> , complete <b>Columns D &amp; E</b> <b>C</b>	If <b>NO</b> in Column C, date the owner moved out <b>D</b>	If <b>NO</b> in Column C, date HOME Program contacted <b>E</b>
4-digit HOME Activity I.D. #: _____ Owner: _____ Address: _____ _____ Period of Affordability End: _____				
4-digit HOME Activity I.D. #: _____ Owner: _____ Address: _____ _____ Period of Affordability End: _____				
4-digit HOME Activity I.D. #: _____ Owner: _____ Address: _____ _____ Period of Affordability End: _____				
4-digit HOME Activity I.D. #: _____ Owner: _____ Address: _____ _____ Period of Affordability End: _____				
4-digit HOME Activity I.D. #: _____ Owner: _____ Address: _____ _____ Period of Affordability End: _____				

<sup>1</sup> **Suggested methods by which the Grantee can monitor ownership annually:**

- Reviewing tax records;
- Requesting a copy of insurance bill;
- Establishing system for flagging pending sales

**Suggested methods by which the Grantee can monitor principal residency requirement annually:**

- Requesting a copy of insurance and/or utility bills
- Sending out a letter and certification form with a "Do Not Forward" restriction

Grant Year: \_\_\_\_\_  
HOME Grant Contract #: \_\_\_\_\_

**PART II. If a HOME-assisted home(s) was sold, foreclosed upon, or HOME funds were otherwise repaid\*, since the last HOME certification, complete this form. \*\*Copy form as needed for each applicable address.**

\* NOTE: According to guidance from HUD Headquarters, prepayment does **not** terminate the affordability period. The period of affordability remains in effect for the written recapture/resale agreement timeframe unless the unit is sold or foreclosed. Significant impacts of this are the principal residence requirement, shared appreciation upon sale (if Grantee chooses this option in its recapture/resale agreement), and annual certification reporting and tracking requirements remain in place through the original period of affordability

Original Homebuyer Name: \_\_\_\_\_ Property Address \_\_\_\_\_

HOME Activity or IDIS Number: \_\_\_\_\_ Date of Sale or Foreclosure: \_\_\_\_\_

Was this information previously reported to the HOME Program?

☐ **YES** Date Reported: \_\_\_\_\_ To whom (if known): \_\_\_\_\_

Go to the LAST PAGE; do not complete the remainder of this form

☐ **NO** What type of affordability restriction was placed on the home? ☐ **Recapture?**  
(Complete [Part II.A.](#)) -or- ☐ **Resale?**  
(Not common;  
contact HOME Prog.  
before completing [Part II.B.](#))

**IF THE PERIOD OF AFFORDABILITY WAS MET BEFORE THE HOME SOLD AND THE HOME RESTRICTION ON THE PROPERTY WAS RELEASED, DO NOT COMPLETE THE REMAINDER OF THIS PAGE.**

**PART II.A. If RECAPTURE option was used, complete the following**

Sales price of the home: \$ \_\_\_\_\_

Less: Amount of superior debt on the home: \$ \_\_\_\_\_

Less: Amount of seller-paid closing costs, if any: \$ \_\_\_\_\_

Equals Net Proceeds from sale: \$ \_\_\_\_\_

Amount of HOME funds, including any HOME program income or recaptured funds, owed on home: \$ \_\_\_\_\_

Amount of HOME funds recaptured (returned to Grantee) from sale: \_\_\_\_\_

Do you currently have any HOME Program Income or Recaptured Funds on hand?

☐ No ☐ Yes – Contact the HOME Program or return the funds to MDOC along with the “Program Income and/or Recaptured Funds Returned to MDOC” form (attached)

(The Grantee must be a Qualified Entity under the [Single Family Noncompetitive Program](#) or have HOME Program approval to use the program income/recaptured funds on another HOME grant in order to retain and use program income/recaptured funds.)

Grant Year: \_\_\_\_\_  
HOME Grant Contract #: \_\_\_\_\_

**PART II.B. If the RESALE option was used, complete this page for each new buyer/owner.**

(For use **ONLY** if the resale option was used by the Grantee – **this is not common**. Contact the HOME Program for additional guidance.)

New Buyer's/Owner's Last Name: \_\_\_\_\_ Household Size: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_

Household Income: ☐ 0 to 30% ☐ 30+ to 50% ☐ 50+ to 60% ☐ 60+ to 80%

First time homebuyer? ☐ Yes ☐ No Coming from subsidized housing? ☐ Yes ☐ No

Homebuyer Counseling: Homebuyer received: ☐ No counseling ☐ Pre-counseling ☐ Post-counseling ☐ Both

FHA insured? ☐ Yes ☐ No

Provide the following demographic information about the new buyer household

<b>Hispanic?</b>	<b>Race (check one)</b>	<b>Household Type (check one)</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> White	<input type="checkbox"/> Single, non-elderly
<input type="checkbox"/> No	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Elderly
	<input type="checkbox"/> Asian	<input type="checkbox"/> Single parent
	<input type="checkbox"/> Native American Indian or Alaska Native	<input type="checkbox"/> Two parents
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other
	<input type="checkbox"/> American Indian or Alaska Native & White	
	<input type="checkbox"/> Asian & White	
	<input type="checkbox"/> Black or African American & White	
	<input type="checkbox"/> American Indian or Alaska Native & Black or African American	
	<input type="checkbox"/> Other Multi Racial	

Appraised value of property: \$ \_\_\_\_\_ Purchase price of the property: \$ \_\_\_\_\_

	Yes	No	N/A
Is the new PITI (principle, interest, taxes, and insurance) affordable to the new homebuyer (e.g., approximately 30% of the household's gross income)?			
Did the sales price provide the seller with a fair return on investment, including any improvements?			
Were fair housing requirements followed when selling the home?			
If applicable, have all flood insurance requirements been met?			
Did the property meet Housing Quality Standards (HQS) when sold of within six months of the sale? Date of HQS inspection: _____ Name of inspector: _____			
Was the new homebuyer informed that s/he must maintain property as principal residence? ☞ Attach copy of signed <a href="http://housing.mt.gov/content/HM/docs/HMAdminManual/Chap7/HMChap07SFOccupancyAgreement.doc">Occupancy Agreement</a> (HOME Administration Manual, Chapter 7: <a href="http://housing.mt.gov/content/HM/docs/HMAdminManual/Chap7/HMChap07SFOccupancyAgreement.doc">http://housing.mt.gov/content/HM/docs/HMAdminManual/Chap7/HMChap07SFOccupancyAgreement.doc</a> )			
Was the new homebuyer informed that s/he is subject to the resale restriction? Attach a copy of the executed resale restriction agreement			
Were any additional HOME funds (including program income/recaptured funds/CHDO proceeds) invested in the property upon resale? If YES, how much? \$ _____ What is the new period of affordability _____ (in years) which will end on _____ (date) (Ensure copy of signed & recorded restriction agreements reflecting the new affordability period is attached.)			

## 2012 HOME Program Annual Certification for Homebuyer Assistance

*Grantee:* \_\_\_\_\_  
*Grant Year:* \_\_\_\_\_  
*Grant #:* \_\_\_\_\_  
*Project:* \_\_\_\_\_

I certify that the information included in this report represents a true and complete statement of the facts.

\_\_\_\_\_  
(Typed Printed Name & Title of Person Completing Report)

\_\_\_\_\_  
(Signature of Person Completing Report)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Typed or Printed Name & Title of CEO/Chief Executive -OR- Chief Elected Official)

\_\_\_\_\_  
(Signature of CEO/Chief Executive -OR- Chief Elected Official)

\_\_\_\_\_  
Date

### **FOR HOME USE ONLY**

HOME Program Officer \_\_\_\_\_ Date \_\_\_\_\_

HOME Bureau Chief \_\_\_\_\_ Date \_\_\_\_\_

This form is available electronically on the Montana HOME Program Commonly Used Forms web page. Go to:

**<http://housing.mt.gov/HM/hmforms.mcp>**; then click on the link for  
**Exhibit 10-B.2: Annual Certification for Homebuyer Assistance Projects**

Return completed forms to:

**HOUSING DIVISION – HOME PROGRAM  
MT DEPARTMENT OF COMMERCE  
P.O. BOX 200545  
HELENA, MT 59620-0545**